

PATENT COOPERATION TREATY

From the INTERNATIONAL BUREAU

PCT

NOTIFICATION OF ELECTION
(PCT Rule 61.2)

Date of mailing:
25 March 1999 (25.03.99)

To:
United States Patent and Trademark
Office
(Box PCT)
Crystal Plaza 2
Washington, DC 20231
ÉTATS-UNIS D'AMÉRIQUE

in its capacity as elected Office

International application No.:
PCT/EP97/05378

Applicant's or agent's file reference:

International filing date:
15 September 1997 (15.09.97)

Priority date:

Applicant:
ARMINJON, François et.al

1. The designated Office is hereby notified of its election made:

in the demand filed with the International preliminary Examining Authority on:

02 February 1999 (02.02.99)

in a notice effecting later election filed with the International Bureau on:

2. The election was

was not

made before the expiration of 19 months from the priority date or, where Rule 32 applies, within the time limit under Rule 32.2(b).

The International Bureau of WIPO
34, chemin des Colombettes
1211 Geneva 20, Switzerland

Facsimile No.: (41-22) 740.14.35

Authorized officer:

J. Zahra
Telephone No.: (41-22) 338.83.38

09/508570

INTERNATIONAL SEARCH REPORT

(PCT Article 18 and Rules 43 and 44)

Applicant's or agent's file reference	FOR FURTHER ACTION see Notification of Transmittal of International Search Report (Form PCT/ISA/220) as well as, where applicable, item 5 below.	
International application No.	International filing date (day/month/year)	(Earliest) Priority Date (day/month/year)
PCT/EP 97/05378	15/09/1997	
Applicant PASTEUR MERIEUX SERUMS & VACCINS et al.		

This International Search Report has been prepared by this International Searching Authority and is transmitted to the applicant according to Article 18. A copy is being transmitted to the International Bureau.

This International Search Report consists of a total of 4 sheets.

It is also accompanied by a copy of each prior art document cited in this report.

1. Certain claims were found unsearchable (see Box I).
2. Unity of invention is lacking (see Box II).
3. The international application contains disclosure of a **nucleotide and/or amino acid sequence listing** and the international search was carried out on the basis of the sequence listing
 - filed with the international application.
 - furnished by the applicant separately from the international application,
 - but not accompanied by a statement to the effect that it did not include matter going beyond the disclosure in the international application as filed.
 - Transcribed by this Authority
4. With regard to the title,
 - the text is approved as submitted by the applicant.
 - the text has been established by this Authority to read as follows:
5. With regard to the abstract,
 - the text is approved as submitted by the applicant.
 - the text has been established, according to Rule 38.2(b), by this Authority as it appears in Box III. The applicant may, within one month from the date of mailing of this International Search Report, submit comments to this Authority.
6. The figure of the drawings to be published with the abstract is:

Figure No. _____

 - as suggested by the applicant.
 - because the applicant failed to suggest a figure.
 - because this figure better characterizes the invention.

None of the figures.

INTERNATIONAL SEARCH REPORT

Box I Observations where certain claims were not found searchable (Continuation of item 1 of first sheet)

This International Search Report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1. Claims Nos.: because they relate to subject matter not required to be searched by this Authority, namely:

Although claims 17 and 18 are directed to a method of treatment of the human/animal body, the search has been carried out and based on the alleged effects of the compound/composition.
2. Claims Nos.: because they relate to parts of the International Application that do not comply with the prescribed requirements to such an extent that no meaningful International Search can be carried out, specifically:
3. Claims Nos.: because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

Box II Observations where unity of invention is lacking (Continuation of item 2 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:

1. As all required additional search fees were timely paid by the applicant, this International Search Report covers all searchable claims.
2. As all searchable claims could be searched without effort justifying an additional fee, this Authority did not invite payment of any additional fee.
3. As only some of the required additional search fees were timely paid by the applicant, this International Search Report covers only those claims for which fees were paid, specifically claims Nos.:
4. No required additional search fees were timely paid by the applicant. Consequently, this International Search Report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:

Remark on Protest

- The additional search fees were accompanied by the applicant's protest.
 No protest accompanied the payment of additional search fees.

INTERNATIONAL SEARCH REPORT

International Application No
PCT/EP 97/05378

A. CLASSIFICATION OF SUBJECT MATTER
IPC 6 A61K39/295

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)
IPC 6 A61K

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category °	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	WO 93 24148 A (SMITHKLINE BEECHAM BIOLOGICALS) 9 December 1993 see claims 1,6,7,31 see page 6, line 31 - line 34 see page 7, line 28 - line 30 see page 12; example 5 see page 21; example A see page 1, line 26 - line 27 ---	1-13,15, 17,18
A		16,19,20
X	KATZ S.: "ASSETS AND LIABILITIES OF COMBINED VACCINES" REP. PEDIATR. INFECT.DIS., vol. 4, no. 1, 1994, page 4 XP002065101 see page 4, column 1, paragraph 2	1
A	---	15
	-/-	

Further documents are listed in the continuation of box C.

Patent family members are listed in annex.

° Special categories of cited documents :

- "A" document defining the general state of the art which is not considered to be of particular relevance
- "E" earlier document but published on or after the international filing date
- "L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)
- "O" document referring to an oral disclosure, use, exhibition or other means
- "P" document published prior to the international filing date but later than the priority date claimed

"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art.

"&" document member of the same patent family

Date of the actual completion of the international search

18 May 1998

Date of mailing of the international search report

24.06.1998

Name and mailing address of the ISA
European Patent Office, P.B. 5818 Patentlaan 2
NL - 2280 HV Rijswijk
Tel. (+31-70) 340-2040, Tx. 31 651 epo nl,
Fax: (+31-70) 340-3016

Authorized officer

Covone, M

INTERNATIONAL SEARCH REPORT

International Application No
PCT/EP 97/05378

C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT

Category	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	GOLD R. AND AL.: "Safety and immunogenicity of Haemophilus influenzae vaccine (tetanus toxoid conjugate) administered concurrently or combined with diphtheria and tetanus toxoids, pertussis vaccine and inactivated poliomyelitis vaccine to healthy infants at two, four and six months of age" PEDIATR.INFECT.DIS.J., vol. 13, no. 5, 1994, pages 348-355, XP002065102 cited in the application *title* see page 349, paragraph 4 - paragraph 5 ---	1-5, 11-14, 17,18
E	WO 98 00167 A (CANNAUGHT LABORATORIES LIMITIED) 8 January 1998 see claims 1-12,19,20 -----	1-7, 9-14,17, 18

INTERNATIONAL SEARCH REPORT

Information on patent family members

Internal Application No

PCT/EP 97/05378

Patent document cited in search report	Publication date	Patent family member(s)	Publication date
WO 9324148	A 09-12-1993	AP 567 A AU 1648097 A AU 4315693 A CA 2136429 A CN 1085450 A CZ 9402892 A EP 0642355 A EP 0835663 A FI 945483 A HU 71791 A JP 7508267 T MX 9302982 A NO 944475 A NZ 253065 A SI 9300271 A SK 142194 A ZA 9303541 A	25-11-1996 29-05-1997 30-12-1993 09-12-1993 20-04-1994 13-09-1995 15-03-1995 15-04-1998 20-01-1995 28-02-1996 14-09-1995 01-12-1993 18-01-1995 28-10-1996 31-12-1993 09-08-1995 21-06-1994
WO 9800167	A 08-01-1998	AU 3251697 A	21-01-1998

INTERNATIONAL SEARCH REPORT

International application No.
PCT/EP 97/05378

Box I Observations where certain claims were found unsearchable (Continuation of item 1 of first sheet)

This International Search Report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1. Claims Nos.: because they relate to subject matter not required to be searched by this Authority, namely:

Although claims 17 and 18 are directed to a method of treatment of the human/animal body, the search has been carried out and based on the alleged effects of the compound/composition.
2. Claims Nos.: because they relate to parts of the International Application that do not comply with the prescribed requirements to such an extent that no meaningful International Search can be carried out, specifically:
3. Claims Nos.: because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

Box II Observations where unity of invention is lacking (Continuation of item 2 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:

1. As all required additional search fees were timely paid by the applicant, this International Search Report covers all searchable claims.
2. As all searchable claims could be searched without effort justifying an additional fee, this Authority did not invite payment of any additional fee.
3. As only some of the required additional search fees were timely paid by the applicant, this International Search Report covers only those claims for which fees were paid, specifically claims Nos.:
4. No required additional search fees were timely paid by the applicant. Consequently, this International Search Report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:

Remark on Protest

- The additional search fees were accompanied by the applicant's protest.
- No protest accompanied the payment of additional search fees.

PATENT COOPERATION TREATY

PCT

REC'D 03 DEC 1999

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INTERNATIONAL PRELIMINARY EXAMINATION REPORT

(PCT Article 36 and Rule 70)

Applicant's or agent's file reference PM9711/WO	FOR FURTHER ACTION	See Notification of Transmittal of International Preliminary Examination Report (Form PCT/IPEA/416)
International application No. PCT/EP97/05378	International filing date (day/month/year) 15/09/1997	Priority date (day/month/year) 15/09/1997
International Patent Classification (IPC) or national classification and IPC A61K39/295		
Applicant PASTEUR MERIEUX MSD		

1. This international preliminary examination report has been prepared by this International Preliminary Examining Authority and is transmitted to the applicant according to Article 36.

2. This REPORT consists of a total of 7 sheets, including this cover sheet.

- This report is also accompanied by ANNEXES, i.e. sheets of the description, claims and/or drawings which have been amended and are the basis for this report and/or sheets containing rectifications made before this Authority (see Rule 70.16 and Section 607 of the Administrative Instructions under the PCT).

These annexes consist of a total of sheets.

3. This report contains indications relating to the following items:

- I Basis of the report
- II Priority
- III Non-establishment of opinion with regard to novelty, inventive step and industrial applicability
- IV Lack of unity of invention
- V Reasoned statement under Article 35(2) with regard to novelty, inventive step or industrial applicability; citations and explanations supporting such statement
- VI Certain documents cited
- VII Certain defects in the international application
- VIII Certain observations on the international application

Date of submission of the demand 03/02/1999	Date of completion of this report 30.11.99
Name and mailing address of the international preliminary examining authority:  European Patent Office D-80298 Munich Tel. +49 89 2399 - 0 Tx: 523656 epmu d Fax: +49 89 2399 - 4465	Authorized officer Linker, W Telephone No. +49 89 2399 8703



INTERNATIONAL PRELIMINARY EXAMINATION REPORT

International application No. PCT/EP97/05378

I. Basis of the report

1. This report has been drawn on the basis of (*substitute sheets which have been furnished to the receiving Office in response to an invitation under Article 14 are referred to in this report as "originally filed" and are not annexed to the report since they do not contain amendments.*):

Description, pages:

1-35 as originally filed

Claims, No.:

1-20 as originally filed

2. The amendments have resulted in the cancellation of:

- the description, pages:
 the claims, Nos.:
 the drawings, sheets:

3. This report has been established as if (some of) the amendments had not been made, since they have been considered to go beyond the disclosure as filed (Rule 70.2(c)):

4. Additional observations, if necessary:

III. Non-establishment of opinion with regard to novelty, inventive step and industrial applicability

The questions whether the claimed invention appears to be novel, to involve an inventive step (to be non-obvious), or to be industrially applicable have not been examined in respect of:

- the entire international application.
 claims Nos. 17, 18.

because:

- the said international application, or the said claims Nos. 17, 18 relate to the following subject matter which does not require an international preliminary examination (*specify*):

**INTERNATIONAL PRELIMINARY
EXAMINATION REPORT**

International application No. PCT/EP97/05378

s e separate sh et

- the description, claims or drawings (*indicate particular elements below*) or said claims Nos. are so unclear that no meaningful opinion could be formed (*specify*):

- the claims, or said claims Nos. are so inadequately supported by the description that no meaningful opinion could be formed.

- no international search report has been established for the said claims Nos. .

V. Reasoned statement under Article 35(2) with regard to novelty, inventive step or industrial applicability; citations and explanations supporting such statement

1. Statement

Novelty (N)	Yes:	Claims 16, 19, 20
	No:	Claims 1-15, 17, 18
Inventive step (IS)	Yes:	Claims
	No:	Claims 1-20
Industrial applicability (IA)	Yes:	Claims 1-16, 19, 20
	No:	Claims

2. Citations and explanations

see separate sheet

VI. Certain documents cited

1. Certain published documents (Rule 70.10)

and / or

2. Non-written disclosures (Rule 70.9)

see separate sheet

**INTERNATIONAL PRELIMINARY
EXAMINATION REPORT**

International application No. PCT/EP97/05378

VII. Certain defects in the international application

The following defects in the form or contents of the international application have been noted:

see separate sheet

VIII. Certain observations on the international application

The following observations on the clarity of the claims, description, and drawings or on the question whether the claims are fully supported by the description, are made:

see separate sheet

**INTERNATIONAL PRELIMINARY
EXAMINATION REPORT - SEPARATE SHEET**

International application No. PCT/EP97/05378

Re Item III

**Non-establishment of opinion with regard to novelty, inventive step and
industrial applicability**

Claims 17 and 18 relate to subject-matter considered by this Authority to be covered by the provisions of Rule 67.1(iv) PCT. Consequently, no opinion will be formulated with respect to the industrial applicability of the subject-matter of these claims (Article 34(4)(a)(i) PCT).

Re Item V

**Reasoned statement under Article 35(2) with regard to novelty, inventive step or
industrial applicability; citations and explanations supporting such statement**

Reference is made to the following documents:

D1: WO 93 24148 A (SMITHKLINE BEECHAM BIOLOGICALS) 9 December 1993

D2: KATZ S.: 'ASSETS AND LIABILITIES OF COMBINED VACCINES' REP. PEDIATR. INFECT.DIS., vol. 4, no. 1, 1994, page 4

D3: GOLD R. AND AL.: 'Safety and immunogenicity of Haemophilus influenzae vaccine (tetanus toxoid conjugate) administered concurrently or combined with diphtheria and tetanus toxoids, pertussis vaccine and inactivated poliomyelitis vaccine to healthy infants at two, four and six months of age'
PEDIATR.INFECT.DIS.J., vol. 13, no. 5, 1994, pages 348-355

The present wording of claim 1 would comprise all possible combinations of bivalent to hexavalent compositions due to the "and/or" term.

The features of the immunogenic composition according to claims 1-10 and 15 as well as the method according to claims 17 and 18 is already known from Document D1, the subject-matter of claim 1 is known from Document D2, the subject-matter of claims 1-5, 11-14, 17 and 18 is known from Document D3. Thus, present claims 1-15, 17 and 18

**INTERNATIONAL PRELIMINARY
EXAMINATION REPORT - SEPARATE SHEET**

International application No. PCT/EP97/05378

are not considered novel or inventive as required under Articles 33(2) and (3) PCT.

The subject-matter of claims 16, 19 and 20 does not appear to contain any additional feature which could be regarded as inventive as the incorporated amounts apparently could be found by simple test-series to arrive at a suitable dosage formulation in view of Documents D1-D3. Therefore, claims 16, 19 and 20 appear to lack an inventive step as required under Article 33(3) PCT.

Re Item VI

Certain documents cited

Certain published documents (Rule 70.10)

Application No Patent No	Publication date (day/month/year)	Filing date (day/month/year)	Priority date (valid claim) (day/month/year)
WO98/00167	08.01.98	02.07.97	02.07.96

Re Item VII

Certain defects in the international application

Contrary to the requirements of Rule 5.1(a)(ii) PCT, the relevant background art disclosed in the documents D1 and D2 is not mentioned in the description, nor are these documents identified therein.

Re Item VIII

Certain observations on the international application

Claims 1, 3 and 4 do not meet the requirements of Article 6 PCT in that the matter for which protection is sought is not clearly defined. The claims attempt to define the

**INTERNATIONAL PRELIMINARY
EXAMINATION REPORT - SEPARATE SHEET**

International application No. PCT/EP97/05378

subject-matter in terms of the result to be achieved which merely amounts to a statement of the underlying problem. The technical features necessary for achieving this result should be added.

The dependence of claim 9 should be corrected as claim 7 does not mention diphtheria or tetanus toxoid (Article 6 PCT)

The unit "ug" employed in claims 7, 8 and 16 and in the description is not recognized in international practice, contrary to the requirements of Rule 10.1(d) PCT.



INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(51) International Patent Classification ⁶ :	A1	(11) International Publication Number: WO 99/13906
A61K 39/295		(43) International Publication Date: 25 March 1999 (25.03.99)
<p>(21) International Application Number: PCT/EP97/05378</p> <p>(22) International Filing Date: 15 September 1997 (15.09.97)</p> <p>(71) Applicant (for all designated States except US): PASTEUR MERIEUX MSD [FR/FR]; 8, rue Jonas-Salk, F-69367 Lyon (FR).</p> <p>(72) Inventors; and</p> <p>(75) Inventors/Applicants (for US only): ARMINJON, François [FR/FR]; 35, chemin du Bois Roux, F-69300 Caluire (FR). CARTIER, Jean-René [FR/FR]; 55, rue Joliot Curie, F-69005 Lyon (FR). LENTSCH-GRAF, Sandrine [FR/FR]; 10, rue Janin, F-69004 Lyon (FR). MARCHAL, Laurent [FR/FR]; 6, avenue du Maréchal Joffre, F-68100 Mulhouse (FR).</p> <p>(74) Agent: AYROLES, Marie-Pauline; Pasteur Merieux Sérum & Vaccins, Direction de la Propriété Industrielle, 58, avenue Leclerc, F-69007 Lyon (FR).</p>		<p>(81) Designated States: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, HU, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, TJ, TM, TR, TT, UA, UG, US, UZ, VN, ARIPO patent (GH, KE, LS, MW, SD, SZ, UG, ZW), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European patent (AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG).</p> <p>Published <i>With international search report.</i></p>
<p>(54) Title: MULTIVALENT VACCINES</p> <p>(57) Abstract</p> <p>A multi-component vaccine composition is described comprising a cellular pertussis vaccine components (PT and FHA), diphtheria toxin (DT), tetanus toxoid (TT), a conjugate of a capsular polysaccharide of <i>Haemophilus influenzae</i> type b and tetanus toxoid or diphtheria toxin (Hib), Hepatitis B Surface Ag (HBsAg) and inactivated poliovirus (IPV). The composition may comprise the above compounds in a single solution, or certain components may be reconstituted from a lyophilized state by the other components of the vaccine. The administration of the multiple component vaccine resulted in no diminution in the immunogenicity of any component as a result of interference by other components of the vaccine.</p>		

FOR THE PURPOSES OF INFORMATION ONLY

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DK	Denmark	LR	Liberia	SG	Singapore		
EE	Estonia						

TITLE OF INVENTION
MULTIVALENT VACCINES

BACKGROUND OF THE INVENTION

5

Infectious diseases remain a threat to human health despite decades of vaccine research. Combination vaccines which provide protection against multiple pathogens are very desirable to minimize the number of immunizations required to confer protection against multiple pathogens. The well documented phenomenon of antigenic competition complicates 10 the development of multi-component vaccines. Antigenic competition refers to the observation that administering multiple antigens often results in a diminished response to certain antigens relative to the immune response observed when such antigens are administered individually.

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The multiple pathogens against which the vaccines of the present invention provides protection are discussed in the context of the diseases they cause and the antigens from the pathogens which can be used in formulation of the present invention.

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Whooping cough or pertussis is a severe, highly contagious upper respiratory tract infection caused by *Bordetella pertussis*. The World Health Organization estimates that there are 60 million cases of pertussis per year and 0.5 to 1 million associated deaths (ref. 1). Throughout this specification, various references are referred to in parenthesis to more fully describe the state of the art to which this invention pertains. Full bibliographic information for each citation is found at the end of the specification, immediately following the claims. The 25 disclosures of these references are hereby incorporated by reference into the present disclosure). In unvaccinated populations, a pertussis incidence rate as high as 80% has been observed in children under 5 years old (ref. 2). Although pertussis is generally considered to be a childhood disease, there is increasing evidence of clinical and asymptomatic disease in adolescents and adults (refs. 3, 4, and 5).

30

The introduction of whole-cell vaccines composed of chemically- and heat-inactivated *B. pertussis* organisms in the 1940's was responsible for a dramatic reduction in the incidence of whooping cough caused by *B. pertussis*. The efficacy rates for whole-cell vaccines have been estimated at up to 95% depending on case definition (ref. 6). While infection with *B. pertussis* confers life-long immunity, there is increasing evidence for waning protection after 35 immunization with whole-cell vaccines (ref. 3). Several reports citing a relationship between whole-cell pertussis vaccination, reactogenicity and serious side-effects led to a decline in

vaccine acceptance and consequent renewed epidemics (ref. 7). More recently, defined component pertussis vaccines have been developed.

Antigens for Defined Pertussis Vaccines

Various acellular pertussis vaccines have been developed and include the *Bordetella* pertussis antigens, Pertussis Toxin (PT), Filamentous haemagglutinin (FHA), the 69kDa outer membrane protein (pertactin) and fimbrial agglutinogens. PT and FHA are included in the formulations of the present invention and are described in more detail below.

Pertussis Toxin

Pertussis toxin is an exotoxin which is a member of the A/B family of bacterial toxins with ADP-ribosyltransferase activity (ref. 8). The A-moiety of these toxins exhibit the ADP-ribosyltransferase activity and the B-moiety mediates binding of the toxin to host cell receptors and the translocation of A to its site of action. PT also facilitates the adherence of *B. pertussis* to ciliated epithelial cells (ref. 9) and also plays a role in the invasion of macrophages by *B. pertussis* (ref. 10).

All acellular pertussis vaccines have included PT, which has been proposed as a major virulence factor and protective antigen (ref. 11, 12). Natural infection with *B. pertussis* generates both humoral and cell-mediated responses to PT (refs. 13 to 17). Infants have transplacentally-derived anti-PT antibodies (refs. 16, 18) and human colostrum containing anti-PT antibodies was effective in the passive protection of mice against aerosol infection (ref. 19). A cell-mediated immune (CMI) response to PT subunits has been demonstrated after immunization with an acellular vaccine (ref. 20) and a CMI response to PT was generated after whole-cell vaccination (ref. 13). Chemically-inactivated PT in whole-cell or component vaccines is protective in animal models and in humans (ref. 21). Furthermore, monoclonal antibodies specific for subunit S1 protect against *B. pertussis* infection (refs. 22 and 23).

The main pathophysiological effects of PT are due to its ADP-ribosyltransferase activity. PT catalyses the transfer of ADP-ribose from NAD to the G_i guanine nucleotide-binding protein, thus disrupting the cellular adenylate cyclase regulatory system (ref. 24). PT also prevents the migration of macrophages and lymphocytes to sites of inflammation and interferes with the neutrophil-mediated phagocytosis and killing of bacteria (ref. 25). A number of *in vitro* and *in vivo* assays have been used to assess the enzymatic activity of S1 and/or PT, including the ADP-ribosylation of bovine transducin (ref. 26), the Chinese hamster ovary (CHO) cell clustering assay (ref. 27), histamine sensitization (ref. 28), leukocytosis, and

NAD glycohydrolase. When exposed to PT, CHO cells develop a characteristic clustered morphology. This phenomenon is dependent upon the binding of PT, and subsequent translocation and ADP-ribosyltransferase activity of S1 and thus the CHO cell clustering assay is widely used to test the integrity and toxicity of PT holotoxins.

5

PT must be detoxified prior to its inclusion in a vaccine formulation. Several techniques of chemical detoxification have been described, including inactivation with formalin (ref. 46), glutaraldehyde (ref. 52), hydrogen peroxide (ref. 53) and tetrannitromethane (ref. 54). Alternatively, mutant strains of *B. pertussis* or recombinant host cells expressing 10 genetically detoxified PT may be used to prepare enzymatically inactive PT which retains immunological activity.

Filamentous Haemagglutinin

15 Filamentous haemagglutinin is a large (220 kDa) non-toxic polypeptide which mediates attachment of *B. pertussis* to ciliated cells of the upper respiratory tract during bacterial colonization (refs. 9, 29). Natural infection induces anti-FHA antibodies and cell mediated immunity (Refs. 13, 15, 17, 30 and 31). Anti-FHA antibodies are found in human colostrum and are also transmitted transplacentally (refs. 17, 18 and 19). Vaccination with whole-cell or 20 acellular pertussis vaccines generates anti-FHA antibodies and acellular vaccines containing FHA also induce a CMI response to FHA (refs. 20, 32). FHA is a protective antigen in a mouse respiratory challenge model after active or passive immunization (refs. 33, 34). However, alone FHA does not protect in the mouse intracerebral challenge potency assay (ref. 28).

25

Acellular Pertussis Vaccines

The first acellular pertussis vaccine developed was the two-component PT + FHA 30 vaccine (JNIIH 6) of Sato et al. (ref. 46). This vaccine was prepared by co-purification of PT and FHA antigens from the culture supernatant of *B. pertussis* strain Tohama, followed by formalin toxoiding. Acellular vaccines from various manufacturers and of various compositions have been used successfully to immunize Japanese children against whooping cough since 1981 resulting in a dramatic decrease in incidence of disease (ref. 47). The JNIIH 6 vaccine and mono-component PT toxoid vaccine (JNIIH 7) were tested in a large clinical trial 35 in Sweden in 1986. Initial results indicated lower efficacy than the reported efficacy of a whole-cell vaccine, but follow-up studies have shown it to be more effective against milder disease diagnosed by serological methods (refs. 48, 49, 50, 51). However, there was evidence

for reversion to toxicity of formalin-inactivated PT in these vaccines. These vaccines were also found to protect against disease rather than infection.

A number of new acellular pertussis vaccines are currently being assessed which
5 include combinations of PT, FHA, and/or 69 kDa Outer Membrane Protein (Pertactin), and/or fimbrial agglutinogens.

Tetanus

10 Tetanus is an acute infection caused by *Clostridium tetani*. The disease is characterized by severe, painful muscle contractions, accompanied by hypersensitivity, hyperreflexia and increased autonomic stimulation of the affected body part(s). Mild stimuli may cause severe reflex muscle spasms. Fever due to extreme muscle spasm may be present. Tetanus may be generalized, involving the face, neck, abdomen and trunk or localized to a specific body part
15 (injury site). Involvement of the masseter muscle of the face results in trismus or lockjaw giving rise to the classical facial expression known as "risus sardonicus" (ref. 78).

20 *C. tetani* exists as a nonpathogenic organism in the gut of humans and animals. The organism is also found in soil contaminated by feces and may survive in soil for years as infectious spores (ref. 79).

25 Tetanus results from the anaerobic growth of *C. tetani* and neurotoxin production in contaminated wounds. Infection is caused by the introduction of materials contaminated by organisms or spores into tissue. The most common scenario is infection through a penetrating injury. However, in many cases no history of injury is obtainable. The presence of necrotic or ischemic tissue facilitates the growth of the bacillus (ref. 78).

30 Prevention of infection is by vaccination and by good wound care including careful cleaning and debridement of devitalized tissues. Individuals with contaminated wounds and who have failed series should be given both tetanus vaccine and tetanus immune globulin.

35 Treatment of the syndrome is mainly supportive and may include respiratory support, administration of tetanus antitoxin and careful cleaning of infected wounds. Despite modern medical care the case fatality rates still run as high as 30 to 90% (ref. 79). This is particularly true in the elderly. Natural infection does not always produce immunity from further infection.

Prevention of infection by vaccination is the most effective method of controlling the disease. Since the introduction of universal vaccination, tetanus has become extremely rare in developed countries. Cases occur almost exclusively in individuals who failed to complete their series of vaccinations or who have not received appropriate booster doses. Individuals
5 should receive a booster dose once every ten years.

Diphtheria

Diphtheria is an acute infection caused by the bacteria *Corynebacterium diphtheriae*.
10 The main site of infection is the upper respiratory tract (nose, pharynx, larynx and trachea) (ref. 80). The characteristic lesion, a result of the bacterial cytotoxin, are patches of greyish pseudomembrane surrounded by inflammation. This is accompanied by cervical lymphadenopathy, swelling and edema of the throat. In severe cases the swelling may progress to the point of obstruction (laryngeal diphtheria). Other complications include myocarditis,
15 central nervous system effects (cranial, motor and sensory neuropathies such as ascending paralysis), and thrombocytopenia. Other mucosal membranes may be less frequently affected. The clinical presentation may vary from asymptomatic infection to fulminant multisystem, and death (ref. 79). Cutaneous and wound infections with diphtheria are common in the tropics and have been frequently reported in the U.S. indigent population. The only reservoir for *C.
20 diphtheriae* is man (ref. 79).

A presumptive diagnosis may be made on clinical observation of the characteristic lesions but should be confirmed by bacterial examination of the lesions. If there is a strong clinical suspicion of diphtheria, treatment should be initiated immediately with antibiotics
25 (penicillin or erythromycin) and diphtheria antitoxin, even if the diagnosis is not confirmed. Mortality increases the longer one waits after the onset of clinical symptoms (ref. 80). The case fatality rate ranges from five to ten per cent despite modern medical care (ref. 79) and occurs mainly in the very young and in the elderly. Natural infection does not always produce immunity from further infection (ref. 80).

30 Transmission is by direct contact with secretions or discharges from an infected individual. Individuals are contagious as long as bacteria are observed in the secretions. This may last up to four weeks after infection. Transmission may also occur with infected fomites (ref. 79). Strict isolation of cases is recommended.

35 Rarely individuals may become carriers and shed organisms up to six months after infection. Unimmunized carriers should be promptly vaccinated with the full series. Treatment with antibiotics eliminates carriage and infectiousness of cases in 4 days (ref. 80).

Poliomyelitis

Both inactivated (IPV) and live attenuated (OPV) poliovirus vaccines have been
5 effective in controlling poliomyelitis world wide. A combined DPT-IPV vaccine is currently licensed in Europe and in Canada and has been shown to be safe and effective in millions of children worldwide.

Haemophilus influenzae type b

10

Prior to the availability of effective vaccines, *Haemophilus influenzae* type b (Hib) was a major cause of meningitis invasive bloodborne infections in young children and was the main cause of meningitis in the first 2 years of life (ref. 81). Approximately 10% of *Haemophilus influenzae* meningitis victims die despite medical care. Permanent sequelae are common in 15 survivors. Immunization against *Haemophilus influenzae* began in Canada in 1987 with a polysaccharide vaccine (polyribose ribitol phosphate [PRP]). Improved immunogenicity was achieved in children 18 months of age and older with the introduction in 1988 of a vaccine consisting of PRP conjugated to diphtheria toxoid (PRP-D). Since 1992, infant immunization has been possible with the licensure of PRP conjugate vaccines immunogenic in infants under 20 1 year of age (PRP conjugated with tetanus toxoid or PRP-T). Use of these *Haemophilus influenzae* conjugate vaccines has been associated with a dramatic decrease in the incidence of invasive *Haemophilus* infection in Canada and elsewhere (ref. 82). Two Canadian clinical studies involving nearly 900 children in British Columbia and Alberta demonstrated that lyophilized PRP-T may be reconstituted with DPT (COMBIPACK) (ref. 83) or with DPT-25 Polio Adsorbed (PENTATM) (ref. 84) in addition to the usual saline diluent. Clinical studies involving more than 100,000 children around the world have demonstrated the efficacy of lyophilized PRP-T (ActHibTM). Over 90% achieve anti-PRP levels considered to be protective ($\geq 0.15 \mu\text{g/ml}$) after 3 doses of PRP-T starting at 2 months or after a single dose of PRP-T given after 12 months of age. The proportion achieving levels indicative of long term 30 protection ($>1.0 \mu\text{g/ml}$) varies from 70 to 100% depending on the study. Millions of doses of PRP-T have been sold in the United States, Canada and Europe since 1992. Breakthrough cases of invasive haemophilus infection after vaccination with PRP-T are rare and may be associated with diseases such as immunodeficiency (ref. 85).

35

Combination Vaccines

Although there are many actual and potential benefits of vaccines that combine antigens to confer protection against multiple pathogens, these combinations may have a

detrimental effect on the immunogenicity of the individual components. Combinations of diphtheria and tetanus toxoids with whole cell pertussis vaccine (DTP) have been available for over 50 years and the antibody response to the combination is superior to that of the individual components, perhaps as a result of the adjuvant effect of the whole cell pertussis vaccine. DTP combinations that also include inactivated poliovirus vaccine are licensed in many jurisdictions, although the antibody response to the pertussis antigens may be diminished by this combination (refs 69 to 71). The effect of combining DTP vaccines with Hib conjugate vaccine have been variable. Studies with a French DTP and PRPT demonstrated similar safety but a decreased antibody response to PRP (ref. 72 to 73) whereas studies with a Canadian DTP and PRPT showed no effect on the PRP response but lower pertussis agglutinogens and increased injection site tenderness in the combined immunization group (refs 74,75).

Data are now becoming available on the effect of combining acellular pertussis/diphtheria/tetanus (APDT) vaccines with Hib conjugate vaccine. In two month old infants given three doses of an acellular pertussis-diphtheria-tetanus vaccine combined with a Hib conjugate vaccine, the antibody response to PRP was significantly lower than in the group given separate injections on the same day (ref. 76). Similar results were reported with another acellular pertussis-diphtheria-tetanus vaccine combined with PRPT given for the first three doses (ref. 77).

In contrast to other reported studies, children immunized with the combined vaccine had a superior antibody response to PRP, diphtheria, and several of the pertussis antigens when compared to children given PRP at a separate visit. A liquid combination of diphtheria, tetanus, pertussis (DTP) and Haemophilus influenzae type b (PRP-T) was safe and at least as immunogenic as the lyophilized preparation which corresponds to the reconstitution of Hib with DTP (ref.86). There may be several reasons for the equivalent or better immunogenicity for these vaccines when given as a combined injection rather than the decreased immunogenicity reported with other products. All acellular pertussis vaccines are not identical in their antigenic content, method of toxoiding, adjuvant or preservative. However, increased immunogenicity has been reported with acellular pertussis vaccines containing PT, FHA, and 69K (ref. 77) and containing PT, FHA, 69K and fimbriae (ref. 76).

A five component APDT vaccine was found to have a protective efficacy of 85% (95% CI 81/89) in a phase III clinical trial recently completed in Sweden under the auspices of the National Institutes of Health (ref. 78).

Current commercially-available combination vaccines may not contain appropriate formulations of appropriate antigens in appropriate immunogenic forms to achieve a desired level of efficacy in a susceptible human population.

5 It would be desirable to provide efficacious combination vaccines comprising acellular pertussis components together with selected relative amounts of selected antigens such as tetanus toxoid, diphtheria toxoid, *Haemophilus influenzae* type B polysaccharide conjugate, poliovirus, and/or Hepatitis B Surface Ag. It would be highly desirable to develop a multivalent vaccine against diseases caused by infection by *Bordetella pertussis*,
10 *Corynebacterium diphtheriae*, *Clostridium tetanae*, *Haemophilis influenzae*, poliovirus and hepatitis B virus. However, in order for such combination vaccines to be effective at achieving the criterion of seroprotection for each individual antigenic component, significant challenges in the form of antigenic competition and interference phenomena must be overcome. The present invention overcomes the limitations of the prior art and solves the problems of
15 antigenic competition and interference by providing formulations of up to nine separate antigens designed to elicit seroprotection for up to six different infectious diseases.

SUMMARY OF THE INVENTION

20 The present invention is directed towards combination or multivalent vaccines containing a plurality of vaccine components suitable for the prevention, amelioration or treatment of multiple disease states which meet the criterion for seroprotection for each of said vaccine components, and methods of use thereof. In accordance with one aspect of the invention there is provided a multivalent vaccine that is able to prevent, ameliorate or treat up
25 to six disease states in humans.

In a preferred embodiment of the present invention, there is provided a multivalent immunogenic composition for conferring protection in a host against disease caused by infection by *Bordetella pertussis*, *Corynebacterium diphtheriae*, *Clostridium tetanae*,
30 poliovirus, hepatitis B virus and/or *Haemophilus influenzae*. The multivalent immunogenic composition of this embodiment of the present invention comprises pertussis toxoid and filamentous hemagglutinin, in purified form, tetanus toxoid, diphtheria toxoid, inactivated poliovirus, hepatitis B surface antigen, and a conjugate of a carrier molecule and a capsular polysaccharide of *Haemophilus influenzae* type b.

35

The immunogenic composition may be formulated as a vaccine for *in vivo* administration to the host wherein the individual components of the composition are formulated such that the immunogenicity of individual components is not impaired by other

individual components of the composition. In another embodiment, combinations of individual components may be provided as separate liquid suspensions and mixed prior to administration. For example, a dual-chamber bypass syringe can be provided with certain components present in the proximal chamber and remaining components present in the distal chamber of the syringe. In yet another embodiment, certain components of the immunogenic composition are provided in a lyophilized form suitable for reconstitution with a liquid mixture of other components of the immunogenic composition.

The immunogenic compositions may further comprise an adjuvant, particularly aluminum salts such as aluminum hydroxide or aluminum phosphate.

Such vaccine compositions may contain about 5 to about 30 ug of pertussis toxoid, about 5 to about 30 ug of filamentous hemagglutinin, about 5 to about 50 LF of diphtheria toxoid, about 5 to about 50 LF of tetanus toxoid, about 5 to about 20 ug of Hib conjugate and about 1 to about 10 ug HBsAg, all preferably in combination with IPV.

The inactivated poliovirus employed in the immunogenic composition of the invention generally comprises a mixture of inactivated poliovirus types 1,2 and 3. In one formulation, such mixtures of inactivated poliovirus types may comprise:

- from about 20 to about 50 antigen units of poliovirus type 1;
from about 4 to about 10 antigen units of poliovirus type 2; and
from about 8 to about 40 antigen units of poliovirus type 3 in a single human dose.

The conjugate molecule may comprise a conjugate of suitable carrier protein, for example, tetanus toxoid or diphtheria toxoid, and polyribose ribitol phosphate (PRP) of *Haemophilus influenzae* type b. Such conjugate molecule may be provided in a lyophilized form, which is reconstituted for administration by combination with the other components. In a preferred formulation, the conjugate is employed in the form of about 10 ug of PRP conjugated to about 20 ug of tetanus toxoid.

In addition, the vaccine may also comprise an adjuvant, particularly aluminum hydroxide.

In another aspect of the invention, there is provided a method of immunizing a host against multiple diseases, comprising administering to the host, which may be human, an immunoeffective amount of the immunogenic composition or vaccine as provided herein.

Advantages of the present invention include a multivalent vaccine which can confer protection against a range of common diseases in a safe and efficaceous manner. The ability to provide a single vaccination against multiple diseases without interference between the immunogenic responses to the various immunogens is beneficial.

5

The use of the multivalent vaccine of the present invention will reduce the number of injections and vaccination visits necessary for immunization. This will be especially useful and advantageous for childhood immunization.

10

DETAILED DESCRIPTION OF THE INVENTION

Pertussis toxin (PT) (including genetically detoxified analogs thereof, as described in, for example, Klein *et al.*, U.S. Patent No. 5, 085, 862, incorporated herein by reference) may 15 be produced by a variety of methods. For example, PT may be isolated from the culture supernatant of a *B. pertussis* strain using conventional methods such as that described by Sakura (ref. 55). PT is isolated by first absorbing culture supernatant onto a column containing the dye-ligand gel matrix Affi-Gel Blue (Bio-Rad Laboratories, Richmond, CA). PT is eluted from this column by high salt, such as, 0.75 M magnesium chloride, and, after removing the 20 salt, is passed through a column of fetuin-Sepharose affinity matrix composed of fetuin linked to cyanogen-bromide activated Sepharose. PT is eluted from the fetuin column using 4M magnesium salt.

Alternatively, the method of Irons *et al.* (ref 56) may be used. Culture supernatant is 25 absorbed onto a CNBr-activatged Sepharose 4B colum to which haptoglobin is first covalently bound. The PT binds to the adsorbent at pH 6.5 and is eluted from the column using 0.1M Tris/0.5M NaCl buffer by a stepwise change to pH 10.0.

Alternatively, the method described in U.S. Patent No. 4,705,686 granted to Scott *et al.* 30 on November 10, 1987 and incorporated herein by reference thereto may be used. In this method culture supernatants or cellular extracts of *B. pertussis* are passed through a column of an anion exchange resin of sufficient capacity to adsorb endotoxin but permit *Bordetella* antigens to flow through or otherwise be separated from the endotoxin.

35 Alternatively, PT may be purified by using perlite chromatography, as described in EP Patent No. 336 736, incorporated herein by reference thereto.

Detoxification of PT

PT is detoxified to remove undesired activities which could cause side reactions of the final vaccine. Any of a variety of conventional chemical detoxification methods can be used, such as treatment with formaldehyde, hydrogen peroxide, tetrinitro-methane, or glutaraldehyde.

For example, PT can be detoxified with glutaraldehyde using a modification of the procedure described in Munoz *et al.* (ref. 57). In this detoxification process purified PT is incubated in a solution containing 0.01 M phosphate buffered saline. The solution is made 0.05\ with glutaraldehyde and the mixture is incubated at room temperature for two hours, and then made 0.02 M with L-lysine. The mixture is further incubated for two hours at room temperature and then dialyzed for two days against 0.01 M PBS. In a particular embodiment, the detoxification process of EP Patent No. 336 736 may be used. Briefly, PT may be detoxified with glutaraldehyde as follows:

Purified PT in 75mM potassium phosphate at pH 8.0 containing 0.22M sodium chloride is diluted with an equal volume of glycerol to protein concentrations of approximately 50 to 400 ug/ml. The solution is heated to 37°C and detoxified by the addition of glutaraldehyde to a final concentration of 0.5% (w/v). The mixture is kept at 37°C for 4 hrs and then aspartic acid (1.5 M) is added to a final concentration of 0.25 M. The mixture is incubated at room temperature for 1 hour and then diafiltered with 10 volumes of 10 mM potassium phosphate at pH 8.0 containing 0.15M sodium chloride and 5t glycerol to reduce the glycerol and to remove the glutaraldehyde. The PT toxoid is sterile-filtered through a 0.2 uM membrane.

If recombinant techniques are used to prepare a PT mutant molecule which shows no or little toxicity, for use as the toxoided molecule, chemical detoxification is not necessary.

30

Purification of FHA

FHA may be purified from the culture supernatant essentially as described by Cowell *et al.* (ref. 58).. Growth promoters, such as methylated beta-cyclodextrins, may be used to increase the yield of FHA in culture supernatants. The culture supernatant is applied to a hydroxylapatite column. FHA is adsorbed onto the column, but PT is not. The column is extensively washed with Triton X-100 to remove endotoxin. FHA is then eluted using 0.5M NaCl in 0.1M sodium phosphate and, if needed, passed through a

fetuin-Sepharose column to remove residual PT. Additional purification can involve passage though a Sepharose CL-6B column.

5 Alternatively, FHA may be purified using monoclonal antibodies to the antigen, where the antibodies are affixed to a CNBr-activated affinity column (ref. 59).

Alternatively, FHA may be purified by using perlite chromatography as described in the above-mentioned EP 336 736.

10 **PT + FHA Vaccines**

Such a vaccine could be prepared as described in references 87 and 88.

15 **Hib antigens**

Such antigens can be based on the capsular polysaccharide (PRP) conjugated with a carrier protein. The polymer is a polymer of ribose, ribitol and phosphate. Tipically, the carrier protein is a diphtheria or tetanus toxoid or an outer membran of N.meningitidis. Such conjugates are for example disclosed in EP 161,188, EP 208,375, EP 477,508, US 4,365,170
20 or US 4,673,574.

Such polysaccharide conjugates may be prepared by any known coupling technique as described for examples in WO 93/15760 or in patents cited in the previous sentence.

25 If one of the Hib antigens selected for the composition is a Capsular Polysaccharide Tetanus Toxoid Conjugate (PRP-T is an example) and if an aluminium salt (aluminium hydroxid is an example) is used in the composition, the Capsular Polysaccharide Tetanus Toxoid Conjugate is less stable and less immunogen than without aluminium salt. In such cases, these problems of stability and immunogenicity can be solved by using the technology
30 described in PCT/FR96/00791. In brief, it consists in adding anions to the aluminium salts. Said anions can be phosphates, citrates. Phosphates can be provided by a monopotassium phosphate, dissodium phosphate solution. A combination of phosphates and carbonates (sodium carbonate, sodium bicarbonate) can be used as anions too.

35 **Polio virus vaccine**

The poliovirus component of the combination may be the Salk inactivated polio vaccine.

Selected Multivalent Vaccine Formulations

In selected embodiments, the invention provides vaccines with the following characteristics, all of which may be administered by intramuscular injection:

5

One formulation comprises a combination of component pertussis vaccine combined with diphtheria and tetanus toxoids, inactivated poliovirus, Haemophilus influenza type B polysaccharide conjugate, and Hepatitis B Surface Ag and is termed Full liquid DTaP-IPV-PRP~T-HBsAg.

10

Each 0.5 ml human dose of Full liquid DTaP-IPV-PRP~T-HBsAg was formulated to contain about:

25 µg	Pertussis toxoid (PT)
25 µg	Filamentous haemagglutinin (FHA)
15 30 LF	Diphtheria toxoid
10 LF	Tetanus toxoid
40 D antigen units	Poliovirus type 1
8 D antigen units	Poliovirus type 2
32 D antigen units	Poliovirus type 3
20 10 µg	Haemophilus influenza type B polysaccharide covalently bound to
20 µg	Tetanus protein
5 µg	Hepatitis B Surface Ag
20 µMoles	phosphates
5 µMoles	carbonates
25 0.125 ml	tris 50mMolaire buffer comprising saccharose in 42,5 %
0.306	mg Aluminum salts

20

25

30

Another formulation, which is referred to herein as "DTaP-IPV-PRP~T/HBsAg" or the "dual chamber format", is comprised of a mixture of antigens in solution in the proximal chamber of a bypass syringe; the remaining components are provided in the distal chamber of the bypass syringe. The resulting composition is the same as that provided hereinabove with the difference that aluminium salts are present in a quantity of 0,356 mg.

Vaccine Preparation and Use

35

Immunogenic compositions, suitable to be used as vaccines, may be prepared from the immunogens as disclosed herein. The vaccine elicits an immune response in a subject which produces antibodies.

5 Immunogenic compositions including vaccines may be prepared as injectibles, as liquid solutions or emulsions. The immunogens may be mixed with pharmaceutically acceptable excipients which are compatible with the immunogens. Such excipients may include water, saline, dextrose, glycerol, ethanol, and combinations thereof. The immunogenic compositions and vaccines may further contain auxiliary substances, 20 such as wetting or emulsifying agents, pH buffering agents, or adjuvants to enhance the effectiveness thereof.

10 If difficulties concerning the stability of the Hib antigen(s) as PRP-T appeared, these difficulties could be solved by using the teachings of reference 89.

15 Immunogenic compositions and vaccines may be administered parenterally, by injection subcutaneously or intramuscularly. The immunogenic preparations and vaccines are administered in a manner compatible with the dosage formulation, and in such amount as will be therapeutically effective, immunogenic and protective. The quantity to be administered depends on the subject to be treated, including, for example, the capacity of the immune system of the individual to synthesize antibodies, and, if needed, to produce a cell-mediated immune response.

20 Suitable regimes for initial administration and booster doses are also variable, but may include an initial administration followed by subsequent administrations. The dosage may also depend on the route of administration and will vary according to the size of the host. Immunogenicity can be significantly improved if the antigens are coadministered with 25 adjuvants, commonly used as 0.005 to 0.5 percent solution. Adjuvants enhance the immunogenicity of an antigen but are not necessarily immunogenic themselves.

30 Adjuvants may act by retaining the antigen locally near the site of administration to produce a depot effect facilitating a slow, sustained release of antigen to cells of the immune system. Adjuvants can also attract cells of the immune system to an antigen depot and stimulate such cells to elicit immune responses.

35 Immunostimulatory agents or adjuvants have been used for many years to improve the host immune responses to, for example, vaccines. Intrinsic adjuvants, such as lipopolysaccharides, normally are the components of the killed or attenuated bacteria used as vaccines. Extrinsic adjuvants are immunomodulators which are typically noncovalently linked to antigens and are formulated to enhance the host immune responses. Thus, adjuvants have been identified that enhance the immune response to antigens delivered parenterally.

Some of these adjuvants are toxic, however, and can cause undesirable side effects, making them unsuitable for use in humans and many animals. Indeed, only aluminum hydroxide and aluminum phosphate (collectively commonly referred to as alum) are routinely used as adjuvants in human and veterinary vaccines. The efficacy of alum in increasing antibody responses to diphtheria and tetanus toxoids is well established.

A wide range of extrinsic adjuvants can provoke potent immune responses to antigens. These include saponins complexed to membrane protein antigens (immune stimulating complexes), pluronic polymers with mineral oil, killed mycobacteria in mineral oil, Freund's complete adjuvant, bacterial products, such as muramyl dipeptide (MDP) and lipopolysaccharide (LPS), as well as 10 lipid A, and liposomes.

To efficiently induce humoral immune responses (HIR) and cell-mediated immunity (CMI), immunogens are often emulsified in adjuvants. Many adjuvants are toxic, inducing granulomas, acute and chronic inflammations (Freund's complete adjuvant, FCA), cytolysis (saponins and Pluronic polymers) and pyrogenicity, arthritis and anterior uveitis (LPS and MDP). Although FCA is an excellent adjuvant and widely used in research, it is not licensed for use in human or veterinary vaccines because of its toxicity.

Desirable characteristics of ideal adjuvants include:

- (1) lack of toxicity;
- (2) ability to stimulate a long-lasting immune response;
- (3) simplicity of manufacture and stability in long-term storage;
- (4) ability to elicit both CMI and HIR to antigens administered by various routes;
- (5) synergy with other adjuvants;
- (6) capability of selectively interacting with populations of antigen presenting cells (APC);
- (7) ability to specifically elicit appropriate TH1 or TH2 cell-specific immune responses; and
- (8) ability to selectively increase appropriate antibody isotype levels (for example, IgA) against antigens.

30

U.S. Patent No. 4,855,283, granted to Lockhoff *et al.* on August 8, 1989 which is incorporated herein by reference thereto, teaches glycolipid analogues including N-glycosylamides, N-glycosylureas and N-glycosylcarbamates, each of which is substituted in the sugar residue by an amino acid, as immuno-modulators or adjuvants. Thus, Lockhoff *et al.* (U.S. Patent No. 4,855,283 and ref. 60) reported that N-glycolipid analogs displaying structural similarities to the naturally occurring glycolipids, such as glycosphingolipids and glycoglycerolipids, are capable of eliciting strong immune responses in both herpes simplex virus vaccine and pseudorabies virus vaccine. Some glycolipids have been synthesized from

long chain alkylamines and fatty acids that are linked directly with the sugars through the anomeric carbon atom, to mimic the functions of the naturally occurring lipid residues.

U.S. Patent No. 4,258,029 granted to Moloney and incorporated herein by reference thereto, teaches that octadecyl tyrosine hydrochloride (OTH) functions as an adjuvant when complexed with tetanus toxoid and formalin inactivated type I, II and III poliomyelitis virus vaccine. Also, Nixon-George *et al.* (ref. 61), reported that octodecyl esters of aromatic amino acids complexed with a recombinant hepatitis B surface antigen, enhanced the host immune responses against hepatitis B virus.

10

EXAMPLES

Examples are provided solely for purposes of illustration and are not intended to limit the scope of the invention. Changes in form and substitution of equivalents are contemplated 15 as circumstances may suggest or render expedient. Although specific terms have been employed herein, such terms are intended in a descriptive sense and not for purposes of limitation.

Methods of protein biochemistry, fermentation and immunology used but not 20 explicitly described in this disclosure and these Examples are amply reported in the scientific literature and are well within the ability of those skilled in the art.

Example 1:

25 Preparation of Full liquid formulation DTacP-IPV-PRP~T-HBsAg

A preferred formulation of a vaccine composition of the present invention comprises a liquid suspension of an immunoeffective amount of up to nine separate antigens, selected to elicit protection against as many as six infectious agents. This formulation, in which all of said 30 antigens are present in solution for convenient administration to a human host, is designated or "Full liquid DtacP-IPV-PRP~T-HBs" or "full liquid" for short. The preferred method of manufacture of the full liquid formulation of the present invention is as follows.

An acidified aluminium hydroxide gel suspension is prepared by mixing at room 35 temperature with pharmaceutical grade water. Successive additions of diphtheria toxoid (DT) and tetanus toxoid (TT) are then made to the gel suspension. The order of addition of these components is not critical, but the solution is preferably stirred for at least 30 minutes then allowed to settle for at least 30 minutes after the addition of each individual antigen

component. Pertussis toxoid (PT) and filamentous haemagglutinin (FHA) are each adsorbed separately to aluminum salts and concentrated if necessary. These components are added to the mixture above, stirred for at least 30 minutes, and allowed to settle overnight.

5 At this point, carbonate buffers in Medium 199 are added, preferably through a 0.2 μ m filter, and either NaOH (2.5M) or acetic acid (10%) is added as needed to adjust the pH to about 7 to 7.2.

10 Next, IPV is introduced to an appropriate concentration with pharmaceutical grade water and introduced into the mixture, preferably through a 0.2 μ m filter. The pH is then adjusted to a value ranging from 6.8 to 7.

Next, HBsAg, which has been previously adsorbed to aluminium salts, is added and stirred for at least 30 minutes.

15 Phosphate buffer, Tris-sucrose buffer and Water For Injection are added on *Haemophilus influenzae* type b polysaccharide conjugate (Hib) concentrate solution.

20 Finally, the buffered Hib solution is added to the other vaccine components, preferably to a 0.22 μ m filter, and stirred at least 30 minutes.

25 The resulting suspension obtained generally from the process set forth above is referred to as the full liquid bulk product. This bulk is then used to prepare the individual 0.5ml doses for use in clinical studies and vaccination procedures. Those skilled in the art will appreciate that the orders of addition of individual components, buffers used to dilute individual components, methods of addition and mixing, acids and bases used to adjust pH and mixing conditions can be modified without deviating from the spirit of the invention claimed herein.

Example 2:

30 **Preparation of dual chamber formulation DtacP-IPV-PRP~T/HBsAg**

Another formulation of a vaccine composition of the present invention comprises a liquid suspension of an immunoeffective amount of up to eight separate antigens, selected to elicit protection against as many as five infectious agents is present in a first, proximal chamber of a 1mL by-pass syringe and an immunoeffective amount of another antigen, selected to elicit protection against an additional infectious agent, is present in a second, distal chamber of said by-pass syringe. This formulation, in which all antigens are present in

solution and in which certain of said antigens are disposed within the distal chamber of a bypass syringe and remaining antigen(s) are disposed within the proximal chamber of a bypass syringe is designated "Dual Chamber DtacP-IPV-PRP~T-HBs" or "dual chamber" for short.

5 One method of manufacture of the dual chamber formulation of the present invention entails a minor modification of the manufacturing method provided for the full liquid bulk in Example 1. All of the steps provided for manufacture of the full liquid bulk are the same, except that the step in which HBsAg is added to the mixture is omitted. The resulting solution is designated the DtacP-IPV-PRP~T bulk. 0.5mL of the DtacP-IPV-PRP~T bulk is disposed
10 within the distal chamber of a 1.0 cc by-pass syringe. 0.5ml of an immunoeffective dose of HBsAg which has been previously adsorbed to aluminium salts is disposed within the proximal chamber of said by-pass syringe.

Example 3:

15

Clinical Trials

20 Clinical trials were performed in humans as described herein to establish the safety, nonreactogenicity and utility of the multivalent vaccine compositions of the present invention. In particular, adverse reactions were recorded (as shown, for example, in Tables 1 and 2 below) and immune responses to each of the antigens contained in the vaccines (as shown, for example, in Tables 3-5 below) were determined. The full liquid and dual chamber formulations were each analyzed in an open, non comparative, randomized study.

25 350 infants were recruited in a two-arm randomized study to receive a total of four (4) injections of vaccine. The infants were divided into two equal groups. The first group (Group 1) received the multivalent vaccine in the full liquid format. The second group (Group 2) received the multivalent vaccine in a dual chamber format. (As described herein, the "dual chamber" formulation involves the use of an on aluminium salt adsorbed Hepatitis B surface antigen (HBsAg) in the proximal chamber of the syringe, with the remaining components of the vaccine present in a buffered solution in the distal chamber of the syringe).

35 The vaccination schedule was comprised of an intramuscular injection of the given at two (2), three (3) and four (4) months of age and a final injection at some point between 12 and 14 months of age. Vaccines were administered by intramuscular injection, perpendicular to the skin surface, into the anterolateral aspect of the thigh. Blood samples were taken for antibody titration immediately prior to vaccination and one month after dose 3.

Adverse events were monitored for one month after each immunization and local reactions at the site of injection were recorded within three (3) days after each injection. No vaccine related serious adverse event was reported during the entire study period.

5

Local reactions were few and transient and the vaccines were well tolerated.

The IgG response to each component of the multivalent vaccines were compared by standard serological analysis in which the antibody titers following dose 3 were compared to pre-immunization titers. For the most part, there was no significant difference in the results obtained by immunization with the full liquid formulation compared to the dual chamber formulation. Both vaccines provide an excellent and seroprotective immune response against each antigen of their composition. These results are shown in their entirety, on a component by component basis, in Tables 3(a)-(e) below and final results, in terms of seroprotection, are provided in Table 4 below.

In the table 3, the following conventional abbreviations are used. *n* = the number of subject evaluated. GMT = geometric mean titer, and CI = the confidence interval around each GMT value, as determined by standard statistical methodology.

20

In table 4, the criteria for seroprotection correspond to the reference commonly admitted by the vaccinology community for each component in terms of expected antibody response obtained after a primary immunisation consisting of three doses given 1 to 2 months apart or after a booster immunisation given about one year after the first immunisation. The criterion for seroprotection for the PT and FHA antigens are 4-fold rise between the pre and post primary series titers and post fourth dose titers. SPR is the seroprotection rate and corresponds to the percentage of subjects fulfilling the criterion of response . GMT has the same meaning as in table 3.

30

Table 3(a) HBsAg antibody response by vaccine group

VACCINE GROUP	Full Liquid DtaP-IPV-PRP~T - HBsAg		Dual Chamber DTaP-IPV-PRP~T/HBsAg	
	Pre-immunization	Post-dose 3	Pre-immunization	Post-dose 3
<i>n</i>	108	107	111	112
GMT	4.88	142	5.68	72.70
[95 % CI]	[2.8-8.7]	[102-197]	[3.2-10.1]	[53.5-99]

Table 3(b) PT and FHA (EIA) antibody responses by vaccine group

VACCINE GROUP	Full Liquid DTaP-IPV-PRP~T - HBsAg		Dual Chamber DTaP-IPV-PRP~T/HBsAg	
	Pre- immunization	Post-dose 3	Pre- immunization	Post-dose 3
PT (EIA - EUImL)				
n	103	108	107	112
GMT	2.39	53.30	2.56	61.30
[95 % CI]	[1.9-3.0]	[48.0-59.1]	[2.0-3.2]	[55.6-67.6]
FHA (EIA - EUImL)				
n	102	107	108	112
GMT	4.73	97.70	4.88	133.0
[95 % CI]	[3.7-6.0]	[86.1-111]	[4.0-6.0]	[119-149]

Table 3 (c) Tetanus and diphtheria antibody responses

VACCINE GROUP	Full Liquid DTaP-IPV-PRP~T -HBsAg		Dual Chamber DTaP-IPV-PRP~T/ HBsAg	
	Pre- immunization	Post-dose 3	Pre- immunization	Post-dose 3
Tetanus (EIA - IU/mL)				
n	100	105	101	111
GMT	0.42	0.73	0.45	0.90
[95 % CI]	[0.31-0.56]	[0.62-0.90]	[0.34-0.60]	[0.75-1.10]
Diphtheria (EIA - IU/mL)				
n	95	105	95	107
GMT	0.09	0.19	0.11	0.14
[95 % CI]	[0.06-0.14]	[0.15-0.24]	[0.07-0.16]	[0.11-0.18]

Table 3(d) Type 1, 2 and 3 poliomyelitis virus neutralising antibody response

VACCINE GROUP	Full Liquid DtaP-IPV-PRP~T-HBsAg		Dual Chamber DTaP-IPV-PRP~T/HBsAg	
	Pre-immunization	Post dose 3	Pre-immunization	Post dose 3
Polio Type 1 (1/dil.)				
n	107	108	110	112
GMT	63.8	254	47.4	305
[95 % CI]	[46.5-87.5]	[196-330]	[35.3-63.6]	[232-403]
Polio Type 2 (1/dil.)				
n	107	108	110	112
GMT	85.3	115	67	125
[95 % CI]	[65.6-111]	[87.6-151]	[53.2-84.4]	[93.4-166]
Polio Type 3 (1/dil.)				
n	107	108	110	112
GMT	46.9	290	37.9	333
[95 % CI]	[35.6-61.8]	[216-390]	[28.5-50.5]	[252-439]

Table 3 (e) PRP antibody response

VACCINE GROUP	Full Liquid DtaP-IPV-PRP~T - HBsAg		Dual Chamber DTaP-IPV-PRP~T/HBsAg	
	Pre-immunization	Post-dose 3	Pre-immunization	Post-dose 3
PRP (RIA - µg/mL)				
n	108	108	110	112
GMT	0.08	1.46	0.09	3.05
[95 % CI]	[0.07-0.1]	[1.1-1.9]	[0.08-0.12]	[2.3-4.0]

Table 4. Seroprotection for the full Liquid Formulation

Antigen	Criteria for seroprotection	n	% of subjects protected
PRP	% ≥0.15 µg/ml	152	92.1
HBsAg	% >10 mIU/ml	151	92.7
DT	% >0.01 IU/ml	144	99.3
TT	% >0.01 IU/ml	147	100
Polio type 1	% titer >5 (Neut.)	152	100
Polio type 2	% titer >5 (Neut.)	152	100
Polio type 3	% titer >5 (Neut.)	152	100

PT (EU/mL)	% titer \geq 4-fold increase	146	87.0
FHA (EU/mL)	% titer \geq 4-fold increase	145	87.6

5 The safety and immunogenicity results obtained one month after the 2,3,4 months primary series demonstrate the utility of the multivalent vaccines of the present invention. For D, T, and IPV antigens, the immune response was excellent. For the acellular pertussis components, more than eighty-seven percent of these infants showed a four-fold-rise in terms of anti PT anti FHA antibodies.

10 A good immune response was demonstrated for PRP at the 0.15 µg level, as well as for Hepatitis B, with 92% of seroprotection for both of them. These results are shown in Tables 3 and 4 above.

Results of Booster Vaccination.

15 The IgG response to each component of the multivalent vaccines tested were compared by standard serological analysis in which the antibody titers following the final, booster dose given at 12-14 months were compared to pre-booster (post dose 3) titers. These results are shown in their entirety, on a component by component basis, in Tables 5(a)-(e) below and final results, in terms of seroprotection, are provided in Table 20 6 below. All abbreviations in the following tables are as defined previously for Tables 3(a)-(e) and 4 above.

Table 5 (a) HBsAg antibody booster response

VACCINE GROUP	Full Liquid		Dual Chamber	
	DtaP-IPV-PRP-T - HBsAg	Pre-Booster	DtaP-IPV-PRP-T/HBsAg	Post-Booster
HBsAg (RIA-AUSAB mIU/mL)				
n		125	130	114
GMT		50.4	1458	37.1
[95 % CI]		[38.1-66.8]	[1056-2013]	[29.1-47.3]
				[399-704]

Table 5 (b) Pertussis antibody booster responses (PT and FHA)

VACCINE GROUP	Full Liquid DtaP-IPV-PRP~T - HBsAg		Dual Chamber DTaP-IPV-PRP~T/HBsAg	
	Pre-Booster	Post-Booster	Pre-Booster	Post-Booster
PT (EIA - EUImL)				
n	124	129	112	115
GMT	15.3	87.7	15	101
[95 % CI]	[13.5-17.4]	[79.9-96.2]	[13.1-17.2]	[90.6-112]
FHA (EIA - EUImL)				
n	123	129	111	115
GMT	28.9	149	38.6	168
[95 % CI]	[25.6-32.6]	[132-168]	[34.4-43.4]	[152-187]

Table 5 (c) Tetanus and diphtheria antibody booster responses

VACCINE GROUP	Full Liquid DtaP-IPV-PRP~T - HBsAg		Dual Chamber DTaP-IPV-PRP~T / HBsAg	
	Pre-Booster	Post-Booster	Pre-Booster	Post-Booster
Tetanus (EIA - IU/mL)				
n	115	129	105	115
GMT	0.31	7.14	0.39	7.51
[95 % CI]	[0.3-0.4]	[6.2-8.1]	[0.3-0.5]	[6.5-8.6]
Diphtheria (EIA - IU/mL)				
n	103	128	102	115
GMT	0.04	1.17	0.04	0.98
[95 % CI]	[0.03-0.05]	[0.9-1.4]	[0.03-0.05]	[0.8-1.2]

Table 5 (d) Type 1, 2 and 3 poliomyelitis virus antibody booster response

VACCINE GROUP	Full Liquid		Dual Chamber			
	DtaP-IPV-PRP~T-HBsAg	Pre-Booster	Post-Booster	DTaP-IPV-PRP~T/ HBsAg	Pre-Booster	Post-Booster
Polio Type 1 (1/dil.)						
n	120	124		104	111	
GMT	45.8	3113		47.3	2576	
[95 % CI]	[35.2-59.6]	[2616-3705]		[34.6-64.7]	[2027-3274]	
Polio Type 2 (1/dil.)						
n	121	125		107	113	
GMT	32.8	2496		29.2	2237	
[95 % CI]	[25-43]	[2057-3029]		[21-40.6]	[1805-2772]	
Polio Type 3 (1/dil.)						
n	121	127		109	113	
GMT	50.2	3938		43.6	3101	
[95 % CI]	[37.9-66.4]	[3327-4663]		[31.5-60.4]	[2434-3951]	

5

Table 5 (e) PRP antibody booster response

VACCINE GROUP	Full Liquid		Dual Chamber	
	DTaP-IPV-PRP~T - HBsAg	Pre-Booster	DTaP-IPV-PRP~T/HBsAg	Post-Booster
PRP (RIA - µg/mL)				
n	125	129	112	119
GMT	0.6	28.6	0.8	31.3
[95 % CI]	[0.3-0.6]	[22.3-36.7]	[0.6-1.0]	[24.1-40.8]

Table 6 seroprotection for the full Liquid Formulation

Components	Criterion for seroprotection	Post-dose 3		Post-dose 4	
		SPR(%)	GMT	SPR(%)	GMT
PRF	% 0.15 µg/mL	91.7	1.5	100.0	28.6
HBs	%³ 10mIU/mL	91.6	142.0	98.5	1458.0
Diphtheria	%³0.01 IU/mL	99.0	0.2	100.0	1.2
Tetanus	%³0.01 IU/mL	100.0	0.7	100.0	7.1
Polio 1	% titre ³ 5 (Neut)	100.0	254.0	100.0	3113.0
Polio 2	% titre ³ 5 (Neut)	100.0	115.0	100.0	2496.0
Polio 3	% titre ³ 5 (Neut)	100.0	290.0	100.0	3938.0
PT	% 4-fold rise (EU/mL)	88.3	53.3	69.4	87.7
FHA	% 4-fold rise (EU/mL)	87.7	97.7	69.2	149.0

- 5 For all antigens, we observed an excellent booster effect induced by the fourth dose confirming the presence of an excellent immune memory induced by this accelerated 2-3-4 month primary series. These results are shown in Tables 5 and 6 above.

The compositions of the invention provide a seroprotection against each disease.

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15 **SUMMARY OF THE DISCLOSURE**

The preparation of numerous multivalent vaccines are described clearly above. Extensive clinical trials described above clearly demonstrate that the multivalent immunological compositions of the present invention are safe and efficacious for conferring 20 protection against a broad range of pathogens.

These results are surprising insofar as mixtures of numerous vaccine components may have been expected to contribute to well-recognized phenomena of antigenic competition or interference, whereby certain vaccine components which would be capable of conferring 25 seroprotection when introduced individually into an immunocompetent host become less effective when introduced in combination with other antigens. Thus, the vaccines of the present invention simplify the immunization process and greatly minimize the number of separate immunizations needed to protect pediatric patients from infection with *Bordatella*

pertussis, *Corynebacterium diphtheriae*, *Clostridium tetanae*, *Haemophilus influenzae*, poliovirus and Hepatitis b virus.

5

REFERENCES

1. Muller, A.S. Leeuwenburg, J. and Pratt, D.S. (1986) Pertussis: epidemiology and control. *Bull WHO* 64: 321-331.
- 10 2. Fine, P.E.M. and Clarkson, J.A. (1984). Distribution of immunity to pertussis in the population of England and Wales. *J. Hyg.* 92: 21-26
- 15 3. Mortimer, E.A. Jr. (1990). Pertussis and its prevention: a family affair. *J. Infect. Dis.* 161: 473-479.
4. Addiss, D.G., Davis, I.P., Meade, B.D., Burstyn, D.G. Meissner, M., Zastrow, J.A., Berg, J.L., Drinka, P., and Phillips, R. (1991). A pertussis outbreak in a Wisconsin nursing home. *J. Infect. Dis.* 164: 704-710.
- 20 5. Halperin, S.A. and Marrie, T.J. (1991). Pertussis encephalopathy in an adult: case report and review. *Rev. Infect. Dis.* 13: 1043-1047.
- 25 6. Onorato, I.M., Wassilak, S.G. and Meade, B. (1992). Efficacy of whole-cell pertussis vaccine in preschool children in the United States. *JAMA* 267: 2745-2749.
7. Miller, D.L., Ross, E.M., Alderslade, R., Bellman, M.H., and Brawson, N.S.B. (1981). Pertussis immunization and serious acute neurological illness in children: *Brit Med. J.* 282: 1595-1599.
- 30 8. Tamura, M., Nogimori, K., Murai, S., Yajima, M., Ito, K., Katada, T., Ui, M., and Ishii, S. (1982). Subunit structure of islet-activating protein. pertussis toxin, in conformity with the A-B model. *Biochemistry* 21: 5516-5522.
- 35 9. Tuomanen, E. and Weiss, A. (1985). Characterization of two adhesins of *Bordetella pertussis* for human ciliated respiratory epithelial cells. *J. Infect. Dis.* 152: 118-125.

10. Friedman, R-L., Nordensson, K., Wilson, L., Akporiaye, E.T., and Yocum, D.E. (1992). Uptake and intracellular survival of *Bordetella pertussis* in human macrophages. *Infect. Immun.* 60: 4578-4585.
- 5 11. Pittman, M (1979). Pertussis toxin: the cause of the harmful effects and prolonged immunity of whooping cough. A hypothesis. *Rev. Infect. Dis.* 1: 401-402.
12. Granstrom, M. and Granstrom G. (1993). Serological correlates in whooping cough. *Vaccine* 11: 445-448.
- 10 13. Gearing, A.J.H., Bird, C.R., Redhead, K., and Thomas, M. (1989). Human cellular immune responses to *Bordetella pertussis* infection. *FEMS Microbial. Immunol.* 47: 205-212.
- 15 14. Thomas, M.G., Redhead, K., and Lambert, H.P. (1989). Human serum antibody responses to *Bordetella pertussis* infection and pertussis vaccination. *J. Infect. Dis.* 159: 211-218.
- 20 15. Thomas, M.G., Ashworth, L.A.E., Miller, E., and Lambert, H.P. (1989). Serum IgG, IgA, and IgM responses to pertussis toxin, filamentous haemagglutinin, and agglutinogens 2 and 3 after infection with *Bordetella pertussis* and immunization with whole-cell pertussis vaccine. *J. Infect. Dis.* 160: 838-845.
- 25 16. Tomoda, T., Ogura, H., and Kurashige, T. (1991). Immune responses to *Bordetella pertussis* infection and vaccination. *J. Infect. Dis.* 163: 559-563.
- 30 17. Petersen, J.W., Ibsen, P.H., Haslov, K., Capiau, C., and Heron, I. (1992). Proliferative responses and gamma interferon and tumor necrosis factor production by lymphocytes isolated from trachobronchial lymph nodes and spleens of mice aerosol infected with *Bordetella pertussis*. *Infect. Immun.* 60: 4563-4570.
- 35 18. Englund, J.A., Reed, G.F., Edwards, K.M., Decker, D., Pichichero, M.E., Ronnels, M.B., Steinhoff, M.C., Anderson, E.L., Meade, B.D., Deloria, M.A., and the NIAID Acellular Pertussis Vaccine Group. (1992). Effect of transplacental antibody and development of pertussis toxin (PT) and filamentous haemagglutinin (FHA) antibody after acellular (AC) and whole cell (WC) pertussis vaccines in infants. *Pediat. Res.* 31: 91A.

19. Oda, M., Cowell, J.L., Burstyn, D.G., Thaib, S., and Manclark, C.R. (1985). Antibodies to *Bordetella pertussis* in human colostrum and their protective activity against aerosol infection of mice. *Infect. Immun.* 47: 441-445.
- 5 20. Petersen, J.W., P.H. Bentzon, M. W., Capiau, C., and Heron, I. (1991). The cell mediated and humoral immune response to vaccination with acellular and whole cell pertussis vaccine in adult human. *FEMS Microbiol Lett.* 76: 279-288.
- 10 21. Oda, M., Cowell, J.L., Burstyn, D.G., and Manclark, C.R. (1984). Protective activities of the filamentous haemagglutinin and the lymphocytosis-promoting factor of *Bordetella pertussis* in mice. *J. Infect. Dis.* 150: 823-833.
- 15 22. Sato, H., Ito, A., Chiba, J. and Sato, Y. (1984). Monoclonal antibody against pertussis toxin: effect on toxin activity and pertussis infections. *Infect. Immun.* 46:422-428.
- 20 23. Sato, H. and Sato, Y. (1990). Protective activities in mice of monoclonal antibodies against pertussis toxin. *Infect. Immun.* 58:3369-3374.
24. Weiss, A.A. and Hewlett, E.L. (1986). Virulence factors of *Bordetella pertussis*. *Ann. Rev. Microbiol* 40: 661-668.
- 25 25. Munoz, J.J. (1988). Action of pertussigen (pertussis toxin) on the host immune system. In: *Pathogenesis and Immunity in Pertussis*. A.C. Wardlaw and R. Parton, eds., John Wiley & Sons Ltd., Toronto. pp. 211-229.
- 30 26. Watkins, P.A., Burns, D.L., Kanaho, Y., Liu, T-Y., Hewlett E.L., and Moss, J. (1985). ADP-ribosylation of transducin by pertussis toxin. *J. Biol. Chem.* 260: 13478-13482.
27. Burns, D.L., Kenimer, J.G., and Manclark, C.R. (1987). Role of the A subunit of pertussis toxin in alteration of Chinese hamster ovary cell morphology. *Infect. Immun.* 55: 24-28.
- 35 28. Munoz, J.J., Arai, H., and Cole, R.L. (1981). Mouse-protecting and histamine-sensitizing activities of pertussigen and fimbrial hemagglutinins from *Bordetella pertussis*. *Infect. Immun.* 32: 243-250.

29. Relman, D.A., Domenighini, M., Tuomanen, E., Rappuoli, R., and Falkow, S. (1989). Filamentous haemagglutinin of *Bordetella pertussis*: nucleotide sequence and crucial role in adherence. *Proc. Natl. Acad. Sci. USA* 86: 2637-2641.
- 5 30. Di Tommaso, A., Domenighini, M., Bugnoli, M., Tagliabuc, A., Rappuoli, R., and De Magistris, M.T. (1991). Identification of subregions of *Bordetella pertussis* filamentous haemagglutin that stimulate human T-cell responses. *Infect. Immun.* 59: 3313-3315.
- 10 31. Tomoda, T., Ogura, H., and Kurashige, T. (1992). The longevity of the immune response to filamentous haemagglutin and pertussis toxin in patients with pertussis in a semiclosed community. *J. Infect. Dis.* 166: 908-910.
- 15 32. Edwards, K.M., Meade, B.D., Decker, M.D., Reed, G.F., Rennels, M.B., Steinhoff, M.C., Anderson, E.L., Englund, J.A., Pichichero, M.E., Deloria, M.A., Deforest, A., and the NIAID Acellular Pertussis Vaccine Study Group (1992). Comparison of thirteen acellular pertussis vaccines: serological response. *Pediatr. Res.* 31: 91A.
- 20 33. Kimura, A., Mountzoutos, K.T., Relman, D.A., Falkow, S., and Cowell, J.L. (1990a). *Bordetella pertussis* filamentous haemagglutin: evaluation as a protective antigen and colonization factor in a mouse respiratory infection model. *Infect. Immun.* 58: 7-16.
- 25 34. Shahin, R.D., Amsbaugh, D.F., and Leef, M.F. (1992). Mucosal immunization with filamentous haemagglutin protects against *Bordetella pertussis* respiratory infection. *Infect. Immun.* 60:1482-1488.
35. Montaraz, J.A., Novotny, P.. and Ivanyl, J. (1985). Identification of a 68-kilodalton protective protein antigen from *Bordetella bronchiseptica*. *Infect. Immun.* 161: 581-582.
- 30 36. Leininger, E., Roberts, M., Kenimer, J.G., Charles, I.G., Fairweather, M., Novotny, P., and Brennan, M.J. (1991). Pertactin, and Arg-Gly-Asp-containing *Bordetella pertussis* surface protein that promotes adherence of mammalian cells. *Proc. Natl. Acad Sci. USA* 88: 345-349.
- 35 37. De Magistris, T., Romano, M., Nuti, S., Rappuoli, R. and Tagliabue, A. (1988). Dissecting human T responses against *Bordetella* species *J. Exp. Med.* 168: 1351-1362.

38. Seddon, P.C., Novotny, P., Hall, C.A., and Smith, C.S. (1990). Systemic and mucosal antibody response to *Bordetella pertussis* antigens in children with whooping cough. *Serodiagnosis Immunother. Inf. Dis.* 3: 337-343.
- 5 39. Podda, A., Nencioni, L., Marsili, I., Peppoloni, S., Volpini, G., Donati, D., Di Tommaso, A., De Magistris, M.T., and Rappuoli, R. (1991). Phase I clinical trial of an acellular pertussis vaccine composed of genetically detoxified pertussis toxin combined with FHA and 69kDa. *Vaccine* 9: 741-745.
- 10 40. Roberts, M., Tite, J.P., Fairweather, N.F., Dougan, G. and Charles, I.G. (1992). Recombinant P.69/pertactin: immunogenicity and protection of mice against *Bordetella pertussis* infection. *Vaccine* 10: 43-48.
- 15 41. Novotny, P., Chubb, A.P., Cownley, K., and Charles, I.G. (1991). Biological and protective properties of the 69kDa outer membrane protein of *Bordetella pertussis*: a novel formulation for an acellular vaccine. *J. Infect. Dis.* 164: 114-122.
- 20 42. Shahin, R.D., Brennan, M.J., Li, Z.M., Meade, B.D., and Manclark, C.R. (1990). Characterization of the protective capacity and immunogenicity of the 69kD outer membrane protein of *Bordetella pertussis*. *J. Exp. Med.* 171: 63-73.
43. Robinson, A., Irons, L.I., and Ashworth, L.A.E. (1985). Pertussis vaccine: present status and future prospects. *Vaccine* 3: 11-22.
- 25 44. Robinson, A., Ashworth, L.A.E. Baskerville, A., and Irons, L.I. (1985). Protection against intranasal infection of mice with *Bordetella pertussis*. *Develop. Biol. Stand.* 61: 165-172.
- 30 45. Robinson, A., Gorrie, A.R., Funnell, S.G.P., and Fernandez, M. (1989). Serospecific protection of mice against infection with *Bordetella pertussis*. *Vaccine* 7: 321-324.
46. Sata, Y., Kimura, M., and Fukumi, H. (1984). Development of a pertussis component vaccine in Japan. *Lancet* i: 122-126.
- 35 47. Kimura, M. (1991). Japanese clinical experiences with acellular pertussis vaccines. *Develop. Biol. Standard.* 73: 5-9.

48. Ad Hoc Group for the Study of Pertussis Vaccines (1988). Placebo-controlled trial of two acellular vaccines in Sweden-protective efficacy and adverse effects. *Lancet* i: 955-960.
- 5 49. Olin, P., Storsaeter, J., and Romanus, V. (1989). The efficacy of acellular pertussis vaccine. *JAMA* 261: 560.
- 10 50. Storsaeter, J., Hallander, H., Farrington, C.P., Olin, P., Moliby, R., and Miller, E. (1990). Secondary analyses of the efficacy of two acellular pertussis vaccines evaluated in a Swedish phase III trial. *Vaccine* 8: 457-462.
51. Storsaeter, J., and Olin, P. (1992). Relative efficacy of two acellular pertussis vaccines during three years of passive surveillance. *Vaccine* 10: 142-144.
- 15 52. Tan, L.U.T., Fahim R.E.F., Jackson, G., Phillips, K., Wah, P., Alkema, D., Zobrist, G., Herbert, A., Boux, L., Chong, P., Harjee, N., Klein, M., and Vose, J. (1991). A novel process for preparing an acellular pertussis vaccine composed of non-pyrogenic toxoids of pertussis toxin and filamentous haemagglutinin. *Molec. Immunol.* 28: 251-255.
- 20 53. Sekura, R.D., Zhang, Y., Roberson, R., Action, B., Trollfors, B., Tolson, N., Siloach, J., Bryla, D., Muir-Nash, J., Koeller, D., Schneerson, R., and Robbins, J.B. (1988). Clinical, metabolic, and antibody responses of adult volunteers to an investigation vaccine composed of pertussis toxin inactivated by hydrogen peroxide. *J. Pediatr.* 113: 807-813.
- 25 54. Winberry, L., Walker, R., Cohen, N., Todd, C., Sentissi, A., and Siber, G. (1988). Evaluation of a new method for inactivating pertussis toxin with tetrinitromethane. International *Workshop on Bordetella pertussis*, Rocky Mountain Laboratories, Hamilton, Montana.
- 30 55. Sekura, R.D. et al. (1993), *J. Biol. Chem.* 258: 14647-14651.
56. Irons, L.I. and MacLennan, A.P.. (1979). Isolation of the lymphocytosis promoting factor-haemagglutinin of *Bordetella pertussis* by affinity chromatography. *Biochem. Biophys. Acta* 580: 175-185.

57. Munoz, J.J., Arai, H., Bergman, R.K., and Sadowski, P.L. (1981). Biological activities of crystalline pertussigen from *Bordetella pertussis*. (1981). *Infect. Immun.* 33: 820-826.
- 5 58. Cowell, J.L. et al. (1980), Seminar on Infectious Diseases 4: 371-379.
59. Selmer, J.C., Larsen, F.S., Hertz, J.B., Parton, R. (1984). Purification and partial characterization of filamentous haemagglutinin from *Bordetella pertussis* using monoclonal antibodies. *Acta Path. Microbial. Immunol. Scand. Sect. C*, 92: 279-284.
- 10 60. Lockhoff, O. (1991). Glycolipids as Immunomodulators: Synthesis and Properties, *Chem. Int. Ed. Engl.* 30: 1611-1620.
61. Nixon-George, A., Moran, T., Dionne, G., Penney, C.L., Lafleur, D., and Bona, C.A. (1990). The adjuvant effect of stearyl tyrosine on a recombinant subunit hepatitis B surface antigen. *J. Immunol.* 144: 4798-4802.
- 15 62. Siber, G.R., Thakrar, N., Yancey, B.A., Herzog, L., Todd, C., Cohen, N., Sekura, R.D., Lowe, C.U. (1991). Safety and immunogenicity of hydrogen peroxide-inactivated pertussis toxoid in 18-month-old children. *Vaccine* 9: 735-740.
- 20 63. Siber, G., Winberry, L., Todd, C., Samore, M., Sentissi, A., and Cohen, N. (1988). Safety and immunogenicity in adults of pertussis toxoid inactivated with tetroneitromethane. In: *International Workshop on Bordetella pertussis*, Rocky Mountain Laboratories, Hamilton, Montana.
- 25 64. Edwards, K.M., Bradley, R.B., Decker, M.D., Palmer, P.S., Van Savage, J., Taylor, J.C., Dupont, W.D., Hager, C.C., and Wright, P.F. (1989). Evaluation of a new highly purified pertussis vaccine in infants and children. *J. Infect. Dis.* 160: 832-837.
- 30 65. Rutter, D.A., Ashworth, L.A.E., Day, Aj., Funnell, S., Lovell, F., and Robinson, A. (1988). Trial of new acellular pertussis vaccine in healthy adult volunteers. *Vaccine* 6: 29-32.
- 35 66. Blumberg, D.A., Mink, C.A.M., Cherry, J.D., Johnson, C., Garber, R., Plotkin, S.A., Watson, B., Ballanco, G.A., Daum R.S., Sullivan B., Townsend, T.R. Brayton, J., Gooch, W.M., Nelson, D.B., Congeni, B.L., Prober, C.G., Hackell, J.G., Dekker, C.L., Christenson, P.D., and the APDT Vaccine Study Group (1991). Comparison of acellular

and whole cell pertussis-component diphtheria-tetanus-pertussis vaccines in infants. *J. Pediatr.* 119: 194-204.

- 5 67. Englund, J.A., Glezen, W.P. and Barreto, L. (1992). Controlled study of a new five-component acellular pertussis vaccine in adults in young children. *J. Inf. Dis.* 166: 1436-1441.
- 10 68. Zealey, G., Loosmore, S., Yacoob, R., and Klein, M., Vaccine Research, Vol. 1, pp. 413-427.
- 15 69. Baker, J.D., Halperin, S.A., Edwards, K., Miller, B., Decker, M. and Stephens, D. (1992). Antibody response to *Bordetella pertussis* antigens after immunization with American and Canadian whole cell vaccines. *J. Pediatr.* 121: 523-527.
- 20 70. Halperin S.A., Eastwood, B.J. and Langley, J.M. Immune responses to pertussis vaccines concurrently administered with viral vaccines. *Ann NY Acad Sci.* 1995, 754: 89-96.
- 25 71. Halperin S.A., Langley, J.M. and Eastwood, B.J. (1996). Effect of inactivated poliovirus vaccine on the antibody response to *Bordetella pertussis* antigens when combined with diphtheria-pertussis-tetanus vaccine. *Clin. Infect. Dis.* 22: 59-62.
- 30 72. Ferreccio, C., Clemens, J., Avendano, A., Horwitz, I., Flores, C., Avila, L., Cayazzo, M., Fritzell, B., Cadoz, M. and Levine, M.. (1991). The clinical and immunogenic response of Chilean infants to *Haemophilus influenzae* type b polysaccharide tetanus protein conjugate vaccine coadministered in the same syringe with diphtheria-tetanus toxoid-pertussis vaccine at two, four and six months of age. *Pediatr. Infect. Dis. J.* 10: 761-771.
- 35 73. Clemens, J.D., Ferreccio, C., Levine, M.M., Horwitz, I., Rao, M.R., Edwards, K.M. and Fritzell, B. (1992). Impact of *Haemophilus influenzae* type b polysaccharide-tetanus protein conjugate vaccine on responses to concurrently administered diphetheria-tetanus pertussis vaccine. *JAMA* 267: 673-8.
- 35 74. Scheifele D. Barreto L. Meekison W. *et al.* (1993). Can *Haemophilus influenzae* vaccine be combined with diphtheria and tetanus toxoids. *Can. Med Assoc. J.* 149: 1105-16.

75. Gold, R., Scheifele, D., Barreto, L., Wiltsey, S., Bjornson, G., Meekison, W., Guasparini, R. and Medd, L. (1994). Safety and immunogenicity of Haemophilus influenzae vaccine (tetanus toxoid conjugate) administered concurrently or combined with diphtheria and tetanus toxoids, pertussis vaccine and inactivated poliomyelitis vaccine to healthy infants at two, four and six months of age. *Pediatr. Infect. Dis J.* 13: 348-55.
- 5
76. Shinefield, H., Black, S., Ray, P., Lewis, E. and Fireman, B., Hohenboken, Hackell, JG. Safety of combined acellular pertussis vaccine in infants (abstract no. G72). In: Program and Abstracts of the 35th Interscience Conference on Antimicrobiols and Chemotherapy. Washington, DC; American Society of Microbiology 195:171.
- 10
77. Greenberg, D.P., Wong, V.K., Partridge, S., Howe, B.J., Fing, J. and Ward, JL. Evaluation of a new combination vaccine that incorporates diphtheria-tetanus-acellular pertussis, hepatitis b, and *Haemophilus influenzae* type b conjugate vaccines (Abstract no G70). In Program and Abstracts of the 35th Interscience Conference on Antimicrobiols and Chemotherapy. Washington, DC; American Society of Microbiology 1995: 170.
- 15
78. Wassilak, S.G.F. and Orenstein, W.A., Tetanus, In Plotkin SA, Mortimer EA, Jr., eds, Vaccines, W.B. Saunders Company, Philadelphia, 1988; 45-73.
- 20
79. Benenson, A.S. (Editor), The Control of Communicable Diseases in Man. 15th Edition. 1990, Diphtheria; 138-142, Tetanus: 430-435; Pertussis: 318-322.
- 25
80. Mortimer, E.A., Jr., Diphtheria Toxoid, In Plotkin SA, Mortimer EA, Jr., eds, Vaccines, WB Saunders Company, Philadelphia, 1988; 31-44.
81. Varughese, P. (1986). *Haemophilus influenzae* infection in Canada, 1969-1985. *Can. Dis. Wkly Rep.* 12: 37-43.
- 30
82. Schelfele, D., Gold, R., Law, B., et al. (1993). Decline in Haemophilus Influenzae type b invasive infections at five Canadian pediatric centres. *Can. Commun. Dis. Rep.* 19: 88-91.
- 35
83. Scheifele D., Barreto L., Meekison W. et al.: Can *Haemophilus influenzae* type b-tetanus toxoid conjugate vaccine be combined with diphtheria toxoid-pertussis vaccine-tetanus toxoid? *Can Med Assoc J* 1993, 149: 1105-1112.

84. Gold R, Scheifele D, Baretto L et al.: Safety and Immunogenicity of a *Haemophilus Influenzae* type b vaccine (tetanus toxoid conjugate) administered concurrently or combined with diphtheria and tetanus toxoids, pertussis vaccine and inactivated poliomyelitis vaccines to healthy infants at two, four six months of age. *Pediatric Infectious Diseases Journal* 1994; 13: 348-55.
- 5
85. Scheifele D, Gold R, et al. *Canada Communicable Disease Report* 22-3, F1-F3 Feb. 1, 1996.
- 10 86. Amir J et al. *Vaccine* 1997 15: 149
87. EP 242,301 (Publication date: 21/10/87)
88. EP 242,302 (Publication date: 21/10/87)
- 15
89. PCT/FR96/00791 (Publication date: 24/11/96)

CLAIMS

We claim:

1. A multi-valent immunogenic composition for conferring protection in a host against disease caused by *Bordetella pertussis*, *Clostridium tetani*, *Corynebacterium diphtheriae*, *Haemophilus influenzae*, poliovirus and/or Hepatitis B virus
2. A multi-valent immunogenic composition for conferring protection in a host against disease caused by *Bordetella pertussis*, *Clostridium tetani*, *Corynebacterium diphtheriae*, *Haemophilus influenzae*, poliovirus and/or Hepatitis B virus comprising:
 - (a) pertussis toxoid and filamentous haemagglutinin in purified form,
 - (b) tetanus toxoid,
 - (c) diphtheria toxoid,
 - (d) inactivated polio virus,
 - (e) Hepatitis B surface Ag, and
 - (f) a conjugate of a carrier molecule selected from tetanus toxoid and diphtheria toxoid and a capsular polysaccharide of *Haemophilus influenzae* type B.
3. The immunogenic composition of claim 2 formulated as a vaccine for *in vivo* administration to the host wherein the individual components of the composition are formulated such that the immunogenicity of individual components is not impaired by other individual components of the composition.
4. The immunogenic composition of claim 2 formulated as a vaccine for *in vivo* administration to the host, which confers an antibody titer superior to the criterion for seroprotection for each antigenic component for an acceptable percentage of human subjects.
5. The immunogenic composition of claim 3 further comprising an adjuvant.
6. The immunogenic composition of claim 5 wherein the adjuvant is aluminum salts .
7. The immunogenic composition of claim 3 wherein said pertussis toxoid is present in an amount of about 5 to about 30 ug and said filamentous hemagglutinin is present in an amount of about 5 to about 30 ug, in a single dose.

8. The immunogenic composition of claim 7 containing about 25 ug of pertussis toxoid and about 25 ug of filamentous haemagglutinin in a single human dose.
9. The vaccine of claim 7 wherein said diphtheria toxoid is present in an amount of about 5 to about 50 LF and said tetanus toxoid is present in an amount of about 5 to about 50 LF.
10. The vaccine of claim 9 wherein said diphtheria toxoid is present in an amount of about 30 LF and said tetanus toxoid is present in an amount of about 10 LF.
11. The vaccine of claim 3 wherein said inactivated polio virus comprises a mixture of inactivated polio virus types 1, 2 and 3.
12. The vaccine of claim 11 wherein said inactivated polio virus comprises a mixture of inactivated poliovirus types 1, 2 and 3 in the proportions:
about 20 to about 50 D antigen units of poliovirus type 1;
about 4 to about 10 D antigen units of poliovirus type 2; and
about 8 to about 40 D antigen units of poliovirus type 3 in a single human dose.
13. The vaccine of claim 12, wherein said inactivated poliovirus comprises a mixture of inactivated poliovirus types 1, 2 and 3 in the proportions:
about 40 D antigen units of poliovirus type 1;
about 8 D antigen units of poliovirus type 2; and
about 32 D antigen units of poliovirus type 3 in a single human dose.
14. The vaccine of claim 3 wherein said conjugate comprises a conjugate of tetanus toxoid or diphtheria toxoid and polyribose ribitol phosphate (PRP) of *Haemophilus influenzae* type b.
15. The vaccine of claim 3 wherein the Hepatitis B surface antigen is separated from other components in a dual-chamber syringe and is reconstituted during the administration to the subject
16. A multi-valent vaccine composition comprising, per 0.5 ml dose,
25 ug pertussis toxoid;
25 ug filamentous hemagglutinin;
30 LF diphtheria toxoid;
10 LF tetanus toxoid;
40 D antigen units poliovirus type 1;

8 D antigen units poliovirus type 2;
32 D antigen units poliovirus type 3;
10 ug Haemophilus influenzae type b polysaccharide covalently bound to 20 ug tetanus toxoid;
5 ug Hepatitis B Surface Ag;
20 µMoles phosphates
5 µMoles carbonates
0.125 ml tris 50mMolaire buffer comprising saccharose in 42,5 %
and 0.306 mg aluminum hydroxide.

17. A method of immunizing a human host against disease caused by infection by *Bordetella pertussis*, *Clostridium tetanae*, *Corynebacterium diphtheriae*, *Haemophilus influenzae*, *poliovirus and/or Hepatitis b virus*, which method comprises administering to the host an immunoeffective dose of the immunogenic composition of claim 1.
18. The method of claim 17, wherein the host is a child.
19. A multivalent vaccine of claim 16 wherein the aluminium is in a quantity of 0.356 mg and wherein the Hepatitis B Surface Ag is separated from other components in a multi-chamber syringe.
20. A multivalent vaccine of claim 16 wherein the Hepatitis B Surface Ag is adsorbed on aluminium salts.

INTERNATIONAL SEARCH REPORT

International Application No

PCT/EP 97/05378

A. CLASSIFICATION OF SUBJECT MATTER

IPC 6 A61K39/295

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

IPC 6 A61K

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category °	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	WO 93 24148 A (SMITHKLINE BEECHAM BIOLOGICALS) 9 December 1993 see claims 1,6,7,31 see page 6, line 31 - line 34 see page 7, line 28 - line 30 see page 12; example 5 see page 21; example A see page 1, line 26 - line 27 ---	1-13,15, 17,18
A		16,19,20
X	KATZ S.: "ASSETS AND LIABILITIES OF COMBINED VACCINES" REP. PEDIATR. INFECT.DIS., vol. 4, no. 1, 1994, page 4 XP002065101 see page 4, column 1, paragraph 2 ---	1
A		15 -/-

Further documents are listed in the continuation of box C.

Patent family members are listed in annex.

° Special categories of cited documents :

- *A* document defining the general state of the art which is not considered to be of particular relevance
- *E* earlier document but published on or after the international filing date
- *L* document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)
- *O* document referring to an oral disclosure, use, exhibition or other means
- *P* document published prior to the international filing date but later than the priority date claimed

T later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

X document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

Y document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art.

& document member of the same patent family

Date of the actual completion of the international search

18 May 1998

Date of mailing of the international search report

24.06.1998

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INTERNATIONAL SEARCH REPORT

International Application No

PCT/EP 97/05378

C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT

Category	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	GOLD R. AND AL.: "Safety and immunogenicity of Haemophilus influenzae vaccine (tetanus toxoid conjugate) administered concurrently or combined with diphtheria and tetanus toxoids, pertussis vaccine and inactivated poliomyelitis vaccine to healthy infants at two, four and six months of age" PEDIATR.INFECT.DIS.J., vol. 13, no. 5, 1994, pages 348-355, XP002065102 cited in the application *title* see page 349, paragraph 4 - paragraph 5 ----- WO 98 00167 A (CANNAUGHT LABORATORIES LIMITIED) 8 January 1998 see claims 1-12,19,20 -----	1-5, 11-14, 17,18
E		1-7, 9-14,17, 18

INTERNATIONAL SEARCH REPORT

International application No.
PCT/EP 97/05378

B x I Observations where certain claims were found unsearchable (Continuation of item 1 of first sheet)

This International Search Report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1. Claims Nos.: because they relate to subject matter not required to be searched by this Authority, namely:

Although claims 17 and 18 are directed to a method of treatment of the human/animal body, the search has been carried out and based on the alleged effects of the compound/composition.
2. Claims Nos.: because they relate to parts of the International Application that do not comply with the prescribed requirements to such an extent that no meaningful International Search can be carried out, specifically:
3. Claims Nos.: because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

B x II Observations where unity of invention is lacking (Continuation of item 2 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:

1. As all required additional search fees were timely paid by the applicant, this International Search Report covers all searchable claims.
2. As all searchable claims could be searched without effort justifying an additional fee, this Authority did not invite payment of any additional fee.
3. As only some of the required additional search fees were timely paid by the applicant, this International Search Report covers only those claims for which fees were paid, specifically claims Nos.:
4. No required additional search fees were timely paid by the applicant. Consequently, this International Search Report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:

Remark on Protest

- The additional search fees were accompanied by the applicant's protest.
- No protest accompanied the payment of additional search fees.

INTERNATIONAL SEARCH REPORT

Information on patent family members

International Application No

PCT/EP 97/05378

Patent document cited in search report		Publication date		Patent family member(s)		Publication date
WO 9324148	A	09-12-1993		AP 567 A		25-11-1996
				AU 1648097 A		29-05-1997
				AU 4315693 A		30-12-1993
				CA 2136429 A		09-12-1993
				CN 1085450 A		20-04-1994
				CZ 9402892 A		13-09-1995
				EP 0642355 A		15-03-1995
				EP 0835663 A		15-04-1998
				FI 945483 A		20-01-1995
				HU 71791 A		28-02-1996
				JP 7508267 T		14-09-1995
				MX 9302982 A		01-12-1993
				NO 944475 A		18-01-1995
				NZ 253065 A		28-10-1996
				SI 9300271 A		31-12-1993
				SK 142194 A		09-08-1995
				ZA 9303541 A		21-06-1994
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WO 9800167	A	08-01-1998		AU 3251697 A		21-01-1998
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